

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009560

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 328

Primary Registration District No. 4485

Registrar's No. 13

FILED MAR 13 1962

## 1. PLACE OF DEATH

a. COUNTY

Scott

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Jelmo

Length of stay in 1b

Since 1908

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Ely Walker #1 Factory

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Scott

c. CITY  
OR TOWN

Jelmo

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

HARRY

Middle

RUSSELL

Last

ENNIS

4. DATE  
OF DEATH

Month

March

Day

2, 1962

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Sept 24, 1887

## 9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life even if retired)

Night Watchman

## 10b. KIND OF BUSINESS OR INDUSTRY

Clothing Mfg.

## 11. BIRTHPLACE (City and state or country)

Cobden, Illinois

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Lem Ennis

## 13b. MOTHER'S MAIDEN NAME

Susan

## 14. NAME OF HUSBAND OR WIFE

Gertie Clark (wid.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of serv)

No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Mrs Rott Higgs St Louis, Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN  
ONSET AND DEATH

1 Hr.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Arteriosclerotic Heart Disease

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

None

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-30-61 to 3-2-62 and last saw her alive on 1-31-62

Death occurred at 1 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J Marshall Jung MD

## 22b. ADDRESS

Jelmo Mo

## 22c. DATE SIGNED

3-5-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

3/4/62

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cem

## 23d. LOCATION (City, town, or county)

Cap Girardeau, Mo

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Bisplinghoff Funeral Home

Jelmo, Mo

## 25. DATE RECD. BY LOCAL REG.

March 9 1962

## 26. REGISTRAR'S SIGNATURE

Mrs Fred Bisplinghoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1,000

2,000

3

4 0

5 2

6

7 1

8 2

9 4200

10

11

12 91-0

13 1-0

MAY 22 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Oliver P. Carmichael

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.